

Commissioners

Mary Jo Kilroy, President
Paula Brooks
Marilyn Brown

Economic Development & Planning Department
James Schimmer, Director

For office use ONLY

Permit Number	Date
E-	

Please PRINT

Name of ELECTRICIAN:	Name of OWNER/RESIDENT:
Address:	Address:
Zip Code	Zip Code
Phone Number: ()	Phone Number: ()
Address of JOB:	Township
Zip Code	District & Parcel #

Schedule of Outlets

Location	Ceiling Outlets	Outlets (wall, floor, & base	Control Switches Boxes or Sections	Meter Outlets & Installation	Change & Install Service	Amperes	Ceiling Fixtures	Side Fixtures
Basement								
1 st Floor								
2 nd Floor								
Pole Barn								
Garage								
TOTAL								

Schedule of Fixtures

Ranges	Compressors
Water Heater	Water Pumps
Furnace	Ovens
Exhaust Fan	Disposals
Vent Fan	Dishwasher(s)
Bath Heaters	Air Conditioners
Sign	Door Equipment
Dryer	Misc.
Welders	TOTAL Number

TEMPORARY SERVICE _____

SWIMMING POOL _____

TOTAL FEE	
Registration Fee	
1% Ohio Bd. of Building Standards Fee	
TOTAL CHARGE	

In consideration of permission granted the applicant does hereby covenant and agree to construct said work in all respect, in compliance with the National Electric Code of the National Board of Fire Underwriters, the laws of the State of Ohio and all ordinances applying or relating thereto.

Signature _____ Owner/Contractor